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Operational barriers to the implementation of opt-out HIV testing in novel settings

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Barts Health NHS Trust
Overview

• Background

• HIV testing at The Royal London Hospital

• Implementation of testing initiatives

• Results

• Discussion and conclusion
Background

• UK guidelines advise routine HIV testing in areas of high prevalence

• HIV testing in medical admissions units is becoming common practice

• However remains rare in intensive care units

• Routine opt out testing will guide life saving management to those who test positive

Our local picture

7.42 per 1000
5.95 per 1000
6.2 per 1000
Testing project

ANC

TB

Viral Hepatitis

Lymphoma

MAU

Elderly Care Psychiatry

IC

Fast Response Team

A&E
Methods
HIV testing facilitator’s role

- Monitoring
- Evaluation
- Feedback
- Regular ongoing training and education of new staff

Not responsible for doing the tests

- Opportunistic exploitation of new areas to increase testing e.g. Fast Response Team
- Failsafe – linking new positives/lost to follow up into care
HIV testing rates in medical admission unit pre and post opt-out testing initiative

Opt-out testing began
Results

HIV testing rates in intensive care pre and post opt-out testing initiative

Opt-out testing
Testing rates in MAU and IC post opt-out testing

<table>
<thead>
<tr>
<th>Unit</th>
<th>Testing Rate n/N</th>
<th>Time (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical admissions unit</td>
<td>1727/18602 (9.2%)</td>
<td>15</td>
</tr>
<tr>
<td>Intensive care</td>
<td>596/1107 (53.8%)</td>
<td>7</td>
</tr>
</tbody>
</table>
## Operational barriers identified by staff

<table>
<thead>
<tr>
<th>Barriers Identified by Staff</th>
<th>HIV Testing Teams Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remembering to Test</td>
<td>Updating doctors to do lists</td>
</tr>
<tr>
<td></td>
<td>Clerking in booklet</td>
</tr>
<tr>
<td></td>
<td>Posters</td>
</tr>
<tr>
<td>Nurses not involved as cannot take blood.</td>
<td>Nurses trained in phlebotomy</td>
</tr>
<tr>
<td>Doctors do not have time to consent</td>
<td>Nurses consent</td>
</tr>
<tr>
<td></td>
<td>Consultants asked to consent on ward rounds.</td>
</tr>
<tr>
<td>Patients already bled in A&amp;E</td>
<td>Opt-out HIV testing pilot in A&amp;E</td>
</tr>
</tbody>
</table>
## Operational barriers identified by Testing Facilitator

<table>
<thead>
<tr>
<th></th>
<th>Medical Admission Unit</th>
<th>Intensive Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average patients seen per month</strong></td>
<td>2006</td>
<td>181</td>
</tr>
<tr>
<td><strong>Nurse to Patient Ratio per shift</strong></td>
<td>1:8</td>
<td>1:1 OR 1:2</td>
</tr>
<tr>
<td><strong>Admission bloods carried out</strong></td>
<td>No-patients often bled in A&amp;E prior to arrival</td>
<td>Yes-routine bloods taken from every patient on admission.</td>
</tr>
<tr>
<td><strong>Blood tests taken by</strong></td>
<td>Doctors/phlebotomists</td>
<td>Nurse looking after patient</td>
</tr>
<tr>
<td><strong>Need to obtain consent</strong></td>
<td>Yes all patients seen in MAU are conscious</td>
<td>Many patients unconscious/lack capacity so done in “best interests”</td>
</tr>
</tbody>
</table>
Discussion

• In IC settings patient care is provided in a structured routine approach

• Small staff to patient ratio

• HIV tests can be added to blood tests that are already routinely performed

• Nursing staff ownership of the opt-out testing programme
In MAU patients referred from different locations

No routine approach to admission into which HIV testing can be incorporated

Patients often have previously had blood tests, or care taken over by another specialty before further bloods are taken
Conclusion

• Opt out testing has delivered 20 new diagnoses over 15 months

• 3 of these have been patients in ITU

• 10 have been patients in MAU

• The HIV Testing Facilitator role has enabled us to embed HIV testing in multiple areas of the hospital

• Operational differences between departments affects testing rates
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